

**NON-APPLICANT**

Date \_\_\_\_\_

Mr. Don Ashton  
Deputy Executive Officer  
Los Angeles County Board of Supervisors  
Room 383, Kenneth Hahn  
Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Mr. Ashton:

PROJECT  
NO./CUP NO.:

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APPLICANT:

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LOCATION:

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**Zoned  
District**

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Related zoning matters:

CUP(s) or VARIANCE No.

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Change of Zone Case No.

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Other

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This is an appeal on the decision of the Regional Planning Commission in the subject case. This form is to be presented with a check (or money order) and personal identification prior to the appeal deadline at 5:00 p.m. at the above address. Contact the Zoning section of the Board of Supervisors for more information: (213) 974-1426

This is to appeal: (Check one)

\_\_\_\_\_ The Denial of this request      789.00\*

\_\_\_\_\_ The Approval of this request      789.00\*

**\*For Subdivisions \$130.00 of this amount is to cover the cost of the hearing of the Board of Supervisors**

S:\2010 AOZ Section Forms\Appeal Nonapplicant-Subdivision.doc  
Effective 7/24/10

**Briefly, explain the reason for this appeal is as follows (attach additional information if necessary):**

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**x**  
**(Signed)** **Appellant**

**Print Name**

**Street Address**

**City/Zip**

**Day Time Telephone Number**

**E-mail Address**